MAXIMUS Federal Services

Case Number:	CM15-0145260		
Date Assigned:	08/06/2015	Date of Injury:	06/05/2014
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year old male with an industrial injury dated 06-05-2014. The injured worker's diagnoses include thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, lumbar disc displacement without myelopathy and lumbago. Treatment consisted of MRI of the lumbar spine, prescribed medications, physical therapy, exercises, heat and ice therapy and periodic follow up visits. In a progress note dated 05-05-2015, the injured worker reported ongoing pain in his lumbar spine and right shoulder with associated weakness of the lower extremities. Objective findings revealed antalgic gait due to right knee and leg pain, tenderness in the sacroiliac (SI) joint, tenderness along bilateral L4-L5 levels, and decrease lumbar range of motion with pain and positive straight leg raise on the right. The treatment plan consisted of medication management. According to the most recent progress note dated 07-06-2015, the injured worker presented post-operative visit for a right L4-5 transforaminal lumbar epidural steroid injection (ESI) dated 06-15-2015. The injured worker reported that his pain is more noticeable on the left side now and that he continues to have low back pain. The injured worker rated pain a 6 out of 10. Objective findings revealed tenderness in the sacroiliac (SI) joint, tenderness along bilateral L4-L5 levels, and decrease lumbar range of motion with pain. The treating physician prescribed Topamax 100 mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topamax 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, anti-epileptic drug (AED).

Decision rationale: Pursuant to the Official Disability Guidelines, Topamax 100 mg #60 is not medically necessary. Topiramate is an anti-epilepsy drug (AED). AED's recommended for neuropathic pain, but not for somatic pain. Topiramate has been shown to have variable efficacy in neuropathic pain of central etiology. It is considered for use when other anticonvulsants have failed. In this case, the injured worker's working diagnoses are thoracic or lumbosacral neuritis or radiculitis NOS; lumbar disc displacement without myelopathy; and lumbago. Date of injury is June 5, 2014. Request for authorization is July 7, 2015. The injured worker is status post right L4 - L5 transforaminal lumbar ESI with 60% relief on June 15, 2015. Subjectively, the injured worker complains of low back pain 6/10. Medications include blood pressure and diabetes medications and Vicodin. Objectively, the injured worker has antalgic gait with tenderness to palpation at the L4 - L5 level with decreased range of motion. There is tenderness at the right SI joint. The treatment plan indicates Cymbalta dosing is to be increased. Cymbalta was not documented in the current list of medications. Topamax is indicated when other anticonvulsants have failed. There is no documentation of failed anticonvulsant treatment in the medical record. Consequently, absent clinical documentation with failed antiepileptic drug treatment, Topamax 100 mg #60 is not medically necessary.